STATE OF CALIFORNIA - Personal Administration											Page	Page of Pages				
TRAVE	L EXPEN															
	32 A (RE)		7)													
CLAIMANT'S NAME Frank McCarton							SSAN OR EMPLOYEE NUMBER					DEPARTMENT CalEMA				
POSITION CB/ID NUMBER							DIVISION OR BUREAU					INDEX NUMBER				
Undersecretary E99							Executive Office					2000 Executive Office				
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS 3650 Schriever Avenue					TELEPHONE NUMBER (916) 845-8530				
CITY STATE ZIP CODE						CITY STATE					ZIP CODE					
(1) NORMAL WORK HOURS:							Mather CA (2) PRIVATE VEHICLE LICENSE No.:					95655 (3) MILAGE RATE CLAIMED				
0800 - 17		No.				(2) PI	RIVATE VEHIC	CLE LICEN	SE No.:		0.55	GE RATE CL	AIMED			
4) / YEAR MONTH		(6)		(7)	(8)	MEALS	MEALS		(10) TRAN SPORTA		A TION			11)	(12)	
	10/2009 (5) DATE TIME		LOCATION WHERE EXPENSESES WERE INCURRED		DDCAK		O.T.,L/T N/C. RELO. OR DINNER	TALS	(A) - COST OF TRANS	USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
753					BREAK- FAST	LUNCH										
10/19/09	0700	Sacram	ento to San			10.0	18.00			sv					28.00	
10/20/09	2000		Diego & return	123.75	6.00	10.0	18.00	6.0	0	SV	30.0	fo	-	+	193.75	
	2000										18,00				181.7	
										+	+	-	-	1	+	
														0.9	-	
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	-										+		77	Ç,	1	
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										+			107	17 F	-	
													(2)	1		
										-						
											1	 	+			
											18.00				0000	
(13)		SUBTOTA	L	123.75	6.00	20.00	36.00	6.00		+	30.00	5	 		221.75	
		CLAIM TO					<u> </u>								221.75	
	SE OF TRIP, F														209,70	
The second secon	articipated in NCY ACCOL	ALCOHOL: NAME OF TAXABLE PARTY.	PCA	PROJECT		er Visit w/ (/ Guard & N AMOUNT		AMOUNT	OBJ AO	AMOUNT	TOTAL	
OF	OFFICE USE ONLY		99650	-	PHASE	292	191.75	293		18.0	2		-	-	1221.75	
PAID BY REV. FUND CHECK No.					202	101110	200		78.6					209.7		
			-										-			
			-	-	-	_		\dashv					-	 	-	
															209.75	
TOTALS (15) I HEREBY CERTIFY That the above is a true statement of the travel expense a						191.75 1 30.00 /8.00								221.75		
and if-milane	rates evened th	e minimum r	ate I certify th	at the cost of	operating the	e ag incurre vehicle wa:	ed by me in aci s equal to or gi	cordance w reater than	the rate cla	ies in the ser aimen and th	vice of the Stat nat I have met ti	e of Californi ne requireme	a. It a privately ents as prescrib	owned venic bed by SAM S	le was used, lections 0750,	
12, 0	753 and 0754	pertaining to	vehicli	d seat belt	usage	/	(16) SIGNAT	TIBE		· <u>-</u>		_	· Ir)****		
				*		w-,	(10) GIGINA	UNL Y						· · · /	1	
(17) SPECI	AL EXPENSES	SIGNATUR	LINE III	Itme 17							~	-		DATE		
			v-150-120-120-120-120-120-120-120-120-120-12					<u> </u>	<u> </u>		<u></u>				<u></u>	
Rev	iewed by Iv	leena Kur	mar on 10/	21/2009											9333	